

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

|   |                      |  |  |  |                      |
|---|----------------------|--|--|--|----------------------|
| 1. NAME<br>Sabrina Streusand  |                      | 2. PHONE NUMBER<br>(512) 236-9901          |  | 3. DATE<br>11/5/2019                           |                      |
| 4. DELIVERY ADDRESS OR EMAIL<br>1801 S. MoPac Expressway, Suite 320 |                      | 5. CITY<br>Austin                          |  | 6. STATE<br>TX                                 | 7. ZIP CODE<br>78746 |
| 8. CASE NUMBER<br>19-10926  | 9. JUDGE<br>T. Davis | DATES OF PROCEEDINGS                       |  |  |                      |
|   |                      | 10. FROM 11/5/2019                         |  | 11. TO 11/5/2019                               |                      |
| 12. CASE NAME<br>In re Orly Genger                                  |                      | LOCATION OF PROCEEDINGS                    |  |  |                      |
|   |                      | 13. CITY Austin                            |  | 14. STATE TX                                   |                      |
| 15. ORDER FOR   |                      |  |  |  |                      |
| <input type="checkbox"/> APPEAL                                     |                      | <input type="checkbox"/> CRIMINAL          |  | <input type="checkbox"/> CRIMINAL JUSTICE ACT  |                      |
| <input type="checkbox"/> NON-APPEAL                                 |                      | <input type="checkbox"/> CIVIL             |  | <input checked="" type="checkbox"/> BANKRUPTCY |                      |
|   |                      | <input type="checkbox"/> IN FORMA PAUPERIS |  | <input type="checkbox"/> OTHER                 |                      |

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

| PORTIONS   | DATE(S)            | PORTION(S)  | DATE(S) |
|--|--------------------|---|---------|
| <input type="checkbox"/> VOIR DIRE                               |                    | <input type="checkbox"/> TESTIMONY (Specify Witness)  |         |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)           |                    |   |         |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)           |                    |   |         |
| <input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | 11/5/19 at 11 a.m. | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |         |
| <input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant) | 11/5/19 at 11 a.m. |   |         |
| <input type="checkbox"/> OPINION OF COURT                        |                    |   |         |
| <input type="checkbox"/> JURY INSTRUCTIONS                       |                    | <input type="checkbox"/> OTHER (Specify)              |         |
| <input type="checkbox"/> SENTENCING                              |                    |   |         |
| <input type="checkbox"/> BAIL HEARING                            |                    |   |         |

17. ORDER


| CATEGORY  | ORIGINAL<br>(Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY               | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
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| REALTIME  | <input type="checkbox"/>  | <input type="checkbox"/> |                   |                       |       |

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

0.00

|   |      |    |                |      |  |
|---|------|----|----------------|------|--|
| 18. SIGNATURE<br> |      |    | PROCESSED BY   |      |  |
| 19. DATE<br>11-5-2019   |      |    | PHONE NUMBER   |      |  |
| TRANSCRIPT TO BE PREPARED BY  |      |    | COURT ADDRESS  |      |  |
| ORDER RECEIVED  | DATE | BY |                |      |  |
| DEPOSIT PAID  |      |    | DEPOSIT PAID   |      |  |
| TRANSCRIPT ORDERED  |      |    | TOTAL CHARGES  | 0.00 |  |
| TRANSCRIPT RECEIVED   |      |    | LESS DEPOSIT   | 0.00 |  |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT   |      |    | TOTAL REFUNDED |      |  |
| PARTY RECEIVED TRANSCRIPT   |      |    | TOTAL DUE      | 0.00 |  |

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